

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA

EMALEE WAGONER,)
Plaintiff,)
)
) Case No.
vs.) 3:18-cv-00211-MMS
)
NANCY DAHLSTROM, et al.,)
Defendants.)

VIDEO DEPOSITION VIA VIDEOCONFERENCE OF
JEFF SIMERVILLE, M.D.

March 27, 2025
4:00 p.m. Alaska Time

Taken via Zoom videoconference originating at:
2490 South Woodworth Loop
Palmer, Alaska 99645

Reported by:
Sandra M. Mierop, FAPR, CRR, CCP, CBC

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INDEX

JEFF SIMERVILLE, M.D.

March 27, 2025

Page

By Ms. Walker

5

By Mr. Gross

54

By Ms. Walker

58

EXHIBIT INDEX

Number

Description

First Reference

Page/Line

Exhibit 44 Deposition Notice

--

Exhibit 45 Amended Expert List

09/18

Exhibit 46 Alaska Urology Notes

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PROCEEDINGS

THE VIDEOGRAPHER: The time is
4:17 p.m. AKDT on Thursday, March 27th, 2025.

Please note this deposition is
being conducted virtually. Quality of the
recording depends on the quality of the camera
and Internet connection of participants. What
is seen from the witness and heard on screen is
what will be recorded.

Audio and video recording will
continue to take place unless all parties agree
to go off the record.

This is Media Unit 1 of the
remote video-recorded deposition Dr. Jeffrey
Simerville in the matter of Emalee Wagoner
versus Nancy Dahlstrom, et al., filed in the
United States District Court for the District
of Alaska, Case 3:18-cv-00211.

My name is Arielle Friedman, your
legal videographer. Your court reporter is
Sandra Mierop. We are with Veritext Legal
Solutions.

I am not related to any party in
the action, nor am I financially interested in
the outcome.

1 All counsel will be stated on the
2 stenographic record. After the witness is
3 sworn in, we will proceed.

4 JEFF SIMERVILLE, M.D.

5 being duly sworn, testified as follows:

6 EXAMINATION

7 Q. (BY MS. WALKER) Okay. Very good.

8 Dr. Simerville, hello. My name
9 is Morgan Walker. I'm an attorney for the
10 Plaintiffs in this action.

11 Can you hear me okay?

12 A. I can hear you fine.

13 Q. Fantastic.

14 You and I have never met each
15 other, right?

16 A. That is correct.

17 Q. Okay. Have you ever taken -- or had
18 your deposition taken before?

19 A. Never before.

20 Q. Never before.

21 Have you ever testified in court?

22 A. Nope.

23 Q. Okay. Fantastic. I'm just going to
24 just give a very brief kind of summary of the
25 rules. Let me know if you have any questions.

1 So you've just taken an oath to
2 tell the truth, the whole truth, nothing but
3 the truth. This is -- that oath really has the
4 same legal importance as it would in trial. So
5 even though there's no jury here, there's no
6 judge here, you really need to listen to the
7 questions and respond to the best of your
8 ability, consistent with your oath.

9 Does that make sense to you?

10 A. That makes sense.

11 Q. Okay. Can we agree that if I ask a
12 question, you -- you'll always give an audible
13 answer. So, like, for example, like, so don't
14 just shake your head or nod, that kind of
15 thing?

16 A. (Witness nods head.)

17 Q. You've already figured this whole
18 thing out.

19 Okay. So this is not a marathon.
20 If you need a break, just ask and -- and please
21 just answer the question first, if you need to
22 take a break. I do understand you've got to be
23 somewhere soon. So we will move as
24 expeditiously as possible.

25 Is there any reason, such as

1 medication or illness, that would interfere
2 would your ability to answer questions
3 truthfully and fully today?

4 A. No.

5 Q. Okay. And will you please let me know
6 if you don't understand a question?

7 A. Yes, I will.

8 Q. Okay. Have you ever treated a patient
9 by the name of Emmanuel Cancel?

10 A. Not that I know of --

11 Q. Okay. And --

12 A. -- from my records.

13 Q. Okay. Fair enough.

14 Do you recognize a patient
15 named -- by the name of Emalee Wagoner?

16 A. Yes, I'm familiar with that. I think
17 you've sent me documents concerning that.

18 Q. Okay. Do you think that I sent you
19 those, or did someone else send you those?

20 A. I don't know who sent them to me.

21 Q. Okay. Fair enough.

22 So, Dr. Simerville, one of the
23 things that -- one of the most important rules
24 here is I'm going to ask questions. I
25 definitely need you not to speculate or speak

1 informally. So if you're not sure who did
2 something, like, please don't -- please don't
3 say that I did it, unless -- unless I'm the
4 person who did it.

5 A. I did receive a lot of e-mails with
6 her name on it, and I've reviewed my records
7 that I wrote on her some seven years ago.

8 Q. Okay. Fair enough.

9 And, also, if I ask questions
10 about who you've communicated with, I'm not
11 asking you to talk about your communications
12 with your attorney, who's -- who's here
13 remotely.

14 Does that make sense to you?

15 A. No. Can you say that again?

16 Q. Yeah. So you have what's called
17 attorney-client privilege. That means I'm not
18 going to ask you questions that you need to
19 answer that have to do with your communications
20 with your lawyer.

21 A. Okay.

22 Q. Does that make sense?

23 A. Sure.

24 Q. Okay. Got it.

25 Okay. So -- so fair to say you

1 didn't have a recollection until you reviewed
2 some documents that you got recently?

3 A. That's correct.

4 Q. Okay. Do you -- do you know why
5 you're here today?

6 A. No.

7 Q. Okay. Is anyone paying you for your
8 time today?

9 A. No. But I know everybody else is
10 getting paid today.

11 Q. Fair enough.

12 Have you received a document
13 which is marked at the bottom as Document 204,
14 which is a legal document that has the caption
15 in all black, bold, and underlined, Defendant's
16 Amended Expert Witness Disclosure?

17 It's what we've been referring to
18 as doc- -- excuse me, Exhibit 45. Do you have
19 that document?

20 MR. WILKSON: Can I do a screen
21 share?

22 THE WITNESS: I -- I think you
23 just gave it to me. Let's see. I don't see
24 any attachments, though, on it.

25 Q. (BY MS. WALKER) Okay. I'll -- I'll

1 represent to you, Dr. Simerville, that I
2 e-mailed this document to your attorney a few
3 minutes ago. It's a seven-page document.

4 MR. WILKSON: I'm going to do a
5 screen share so he can see it. Okay.

6 Can you see that, Dr. Simerville?

7 THE WITNESS: Let me pinch out
8 here. Yeah, I can see it.

9 MS. WALKER: Okay. Great.

10 So, we have a situation here
11 where witness' cancel -- counsel is controlling
12 the exhibit. That's fine. In general, I'll
13 just ask you to do your best to keep up. If we
14 could look at the top of the screen, please, of
15 Page 1.

16 Q. (BY MS. WALKER) So, Dr. Simerville, do
17 you see --

18 MR. WILKSON: Just one moment.
19 I'm trying to --

20 MS. WALKER: Counsel, if you're
21 having trouble, I can just e-mail it directly
22 to your client if you're comfortable with that.

23 MR. WILKSON: Well, I -- he -- he
24 e-mailed to me, and then I had to, like, log in
25 and get some sort of --

1 THE WITNESS: Yeah, I got a -- it
2 was just a link, and it doesn't let me open the
3 thing directly.

4 MS. WALKER: Right. I could -- I
5 could just send it to anyone who needs it as a
6 PDF right now. Is there anyone who objects to
7 that happening?

8 Okay. Hearing no objection,
9 Counsel, do you mind me e-mailing it directly
10 to your client? I'll cc you, of course.

11 Jim, can you hear me?

12 MR. WILKSON: Yeah, that's fine.
13 I'm just --

14 MS. WALKER: Okay. Great.

15 Q. (BY MS. WALKER) Dr. Simerville, can I
16 have your e-mail address, please?

17 A. It's -- it's jsimervill, without the
18 E, @yahoo.con.

19 Q. And is that one L or two?

20 A. There's two Ls. And there's -- you
21 don't put an E on the end of it.

22 Q. Okay. So that's going to be
23 j-s-i-m-m-e-r-v-i-l-l @yahoo.com?

24 A. Only one M.

25 Q. Only one M, sorry.

1 MR. WILKSON: I have it -- I have
2 it up. If we can just do a screen share, I
3 have it up on my computer to expedite this.

4 Can you -- do you see it?

5 THE WITNESS: I see it.

6 MS. WALKER: Okay. So -- okay.
7 Great. Witness can see it.

8 Okay. If we can go to the top of
9 Page 1, please.

10 Okay. That's not the top.

11 Great.

12 Q. (BY MS. WALKER) Okay. So,
13 Dr. Simerville, do you see that this is a legal
14 document?

15 A. Sure, it looks like one.

16 Q. Okay. And I'm going to point you to
17 the text that's kind of in the middle of
18 Page 1.

19 MS. WALKER: Jim, if you don't
20 mind scrolling down just a bit.

21 Q. (BY MS. WALKER) Do you see where --

22 MS. WALKER: Oh, a little bit up.
23 A little bit up. A little bit up.

24 Okay, right there.

25 Q. (BY MS. WALKER) Do you see where it

1 says: In the U.S. District Court for the
2 District of Alaska, and it has a bunch of names
3 there on the left?

4 A. I do see that.

5 Q. Okay. Do you recognize any of those
6 names?

7 A. Well, Emalee Wagoner --

8 Q. Uh-huh.

9 A. -- I've already established as a name
10 I might know.

11 Q. Uh-huh.

12 A. Nancy Dahlstrom is one I've heard of.

13 Q. Okay.

14 A. But I don't know them. I don't know
15 Laura Brooks. I don't know Adam Rutherford.
16 And I don't know Robert Lawrence.

17 Q. Okay. Have you ever -- have you ever
18 spoken with lawyers for those people?

19 A. No.

20 Q. Okay. I'm going to direct your
21 attention down to Page 5 of this exhibit.

22 MS. WALKER: Jim, you're just
23 going to scroll on down. Thanks very much.

24 Q. (BY MS. WALKER) Dr. Simerville, do you
25 see there where it says, 4, Alaska Urology?

1 A. I see that.

2 Q. Do you see that?

3 A. Yeah. 4, Alaska Urology, and our
4 address.

5 Q. Yeah. Have you ever seen this
6 document before, before this time I'm talking
7 to you about it right now?

8 A. I'm unsure if I've seen this one or
9 not. I've been seeing a lot of documents
10 lately.

11 Q. Okay. I do need you to take a moment
12 and just do your best to figure out if -- if
13 you've ever seen this document before. So just
14 take as long as you need to read it. And if
15 you need your attorney to scroll it down for
16 you, you're welcome to do that.

17 A. It doesn't ring any bells.

18 Q. Okay. It doesn't look like something
19 you've seen before?

20 A. No.

21 Q. Okay. I'm going to ask you to read
22 that first paragraph to yourself.

23 MS. WALKER: Jim, if you don't
24 mind scrolling up just -- okay.

25 Q. (BY MS. WALKER) Mister --

1 Dr. Simerville, you see that paragraph that
2 says: Providers at Alaska Urology?

3 A. I do.

4 Q. Just go ahead and read -- read that
5 first paragraph, and let me know when you're
6 ready to talk about it.

7 A. (Reviewing document).

8 Okay.

9 Q. Okay. Are -- are you -- are you
10 familiar with the term "hybrid witness"?

11 A. I am not.

12 Q. Okay. Do you -- do you know who
13 created this document?

14 A. I do not.

15 Q. Does it surprise you to see yourself
16 described as a hybrid witness?

17 A. I -- I'm -- I'm -- I'm shocked by this
18 whole thing. I don't know why I'm here or why
19 we're take -- why it's taking so long, to be
20 quite honest.

21 Q. Okay. So you're surprised to see
22 yourself described as a hybrid witness?

23 A. I don't know what a hybrid witness is.
24 I think I just said that.

25 Q. Yeah, it sounds like it's surprising.

1 Okay. Do you mind taking a look
2 at the next paragraph, and just read that to
3 yourself? And let me know when you're ready to
4 talk about it.

5 A. (Reviewing document).

6 Q. Sorry, is that a yes, are you ready to
7 talk about it?

8 A. No, because my picture is in the way,
9 I can't read it all. I got rid of it.

10 (Reviewing document).

11 Okay.

12 Q. So have you ever read that paragraph
13 before?

14 A. I do not believe so.

15 Q. Okay. Directing your attention to the
16 second -- the second sentence there that says:
17 These include their observations and treatment
18 of Plaintiffs, so on and so forth.

19 A. I'm there.

20 Q. Okay. Do you -- do you know what that
21 is talking about?

22 A. I mean, I've read my notes. So I was
23 treating her for some gross hematuria at the
24 time.

25 Q. Okay. And when you say "her," do you

1 mean Emalee Wagoner?

2 A. That's correct. That's who we're
3 talking about, correct?

4 Q. That -- that is who I'm talking about.
5 And I -- I -- it's who you're talking about,
6 right?

7 A. I don't know who else it would be.
8 That's why we're here.

9 Q. Okay. Okay. Fair enough.
10 So are -- are you -- are you
11 familiar with a -- a fellow by the name of
12 Dr. Greg Lund?

13 A. Yeah, he's my partner.

14 Q. Like, your business partner and
15 medical partner at Alaska Urology?

16 A. That's correct.

17 Q. Would you be surprised if he were to
18 testify that no one in the practice at Alaska
19 Urology is an expert in the field of gender
20 dysphoria?

21 A. Would that surprise me that he said
22 that?

23 Q. Yeah, would that surprise you?

24 A. No.

25 Q. Okay. Do you agree that no one at

1 your practice, Alaska Urology, is an expert in
2 gender dysphoria?

3 A. We are urologists. So that's not our
4 scope of practice.

5 Q. Okay. So you -- and so I -- I -- I'm
6 hoping just to kind of ask this once and just
7 get the clearest answer I possibly can. Then
8 we won't have to repeat it, and we'll all get
9 out of here sooner.

10 Dr. Simerville, you are not an
11 expert in gender dysphoria, are you?

12 A. I am not an expert in gender
13 dysphoria.

14 Q. Okay. So you are not an expert in
15 diagnosing gender dysphoria?

16 A. That is also correct.

17 Q. You're not an expert in identifying
18 the symptoms of gender dysphoria, correct?

19 A. That is correct.

20 Q. And you're not an expert in collecting
21 the medical or mental health history of a
22 patient regarding gender dysphoria, right?

23 A. I think you're repeating yourself, but
24 yes.

25 Q. Okay. Well, I have to ask each --

1 each discrete thing so I can -- I can make sure
2 that everyone understands your position
3 regarding this paragraph.

4 Do you have any expertise in
5 understanding the relationship between gender
6 dysphoria and self-inflicted injuries?

7 A. Nope.

8 Q. Okay. And you're also not an expert
9 in understanding the relationship between
10 gender dysphoria and self-inflicted injuries,
11 right?

12 A. Right.

13 Q. And you're not an expert in the area
14 of the self-reported symptoms regarding gender
15 dysphoria, right?

16 A. Again, I think we've already covered
17 this; but if you want me to say it again, sure.

18 Q. Yep. And -- and you can -- you can
19 see the --

20 A. Every time you say gender dysphoria,
21 I'm going to say I'm not an expert in that. So
22 if you put that in the sentence, I will say no.

23 Q. Fantastic. I -- I think we understand
24 each other. I'm going to try to ask these
25 questions exactly as you describe them and just

1 get through this as quickly as possible. Okay?

2 All right. So you're not an
3 expert regarding self-reported symptoms and
4 statements regarding gender dysphoria, right?

5 A. You already asked me that, and I said
6 yes.

7 Q. Yes, you are not an expert, right?

8 A. Correct.

9 Q. I just want to make sure we're not
10 getting -- getting any yes/no confusion here.

11 Okay. Next clause.

12 Dr. Simer- -- Simerville, you are
13 not an expert in the ability to follow
14 aftercare instructions when it comes to any
15 sort of treatment for gender dysphoria, right?

16 A. If -- if you're going to throw in
17 gender dysphoria, sure. I mean, do I have
18 patients that need aftercare and need to assess
19 how they're going to take care of themselves in
20 their home, where -- wherever they're located,
21 well, sure, that's kind of just a general
22 medicine thing.

23 Q. And I -- I appreciate you -- you
24 drawing a distinction there between, like, a
25 general medicine thing, as you said, versus

1 gender dysphoria. This is -- this is really a
2 question about gender dysphoria.

3 So you would agree with me that
4 you are not an expert when it comes to anything
5 to do about following aftercare instructions
6 when it comes to a physical procedure done to
7 treat gender dysphoria, right?

8 Like, that -- that's -- that's
9 not a particular expertise that you have?

10 A. Are you asking me -- that's an unclear
11 question to me. Can you clarify?

12 Q. Yeah. Okay.

13 Do you see how your attorney has
14 highlighted, like, that text there?

15 A. Yes.

16 Q. Okay. Do you see the first five words
17 that are highlighted, ability to follow
18 aftercare instructions?

19 A. That doesn't mention gender
20 dysphoria --

21 Q. No, no, no. No. No, you're right.
22 The document doesn't have those records, but my
23 question does.

24 So I'm -- I'm asking you to focus
25 on ability to follow aftercare instructions.

1 Do you see what I'm saying -- seeing right
2 there?

3 A. I see what you're saying.

4 Q. Okay. So, Dr. Simer- --
5 Dr. Simerville, what -- what I'm going to ask
6 you to do is I want you to put yourself in a
7 hypothetical scenario of being at a -- a big
8 convention full of urologists, like a whole lot
9 of your -- your professional colleagues. Okay?
10 Can you -- can you kind of
11 imagine that scenario?

12 A. Sure.

13 Q. Let's imagine you're having a casual
14 conversation, and -- and one of your colleagues
15 says to you: Hey, by the way, obviously,
16 you're a urologist. Obviously, you can deal
17 with the things that urologists deal with, but,
18 Dr. Simerville, let me just ask you, are -- are
19 you in particular an expert regarding a
20 patient's ability to follow aftercare
21 instructions when it comes to treatment for
22 gender dysphoria?

23 What would you say?

24 A. Well, that's a very loaded question.
25 I mean, sure, not an expert in that.

1 Q. Okay. That's --

2 A. But --

3 Q. That's act- -- that's actually --

4 A. But -- but --

5 Q. Wait, wait. Wait, hang on.

6 A. I can just say, you -- you can just
7 put me down for a no, I'm not an expert in
8 that.

9 Q. Okay. No, and I appreciate that.

10 Doctor -- and, Dr. Simerville,
11 I -- I super-duper appreciate you trying to
12 elaborate, but I -- one of the things we're
13 doing here is -- if you can answer with a yes
14 or no, please do. I don't need you to
15 elaborate.

16 And as we said earlier, the
17 faster you can give a yes or no, if you can,
18 please do, and we'll move on.

19 MR. GROSS: I disagree -- I
20 disagree with that instruction. He -- he can
21 answer the question however he wants to answer
22 the question.

23 MS. WALKER: I'm sorry, Counsel.
24 Are you instructing the witness how to answer
25 the question?

1 MR. GROSS: No, I'm saying that
2 your instruction to him was improper. You need
3 to both let him answer the question how he
4 wants to answer the question and -- and -- and
5 let him -- let him answer how he wants to.

6 That's -- that's not an
7 instruction. That's just me communicating to
8 you that you can't tell him how he can and
9 cannot answer the question.

10 MS. WALKER: Okay. I appreciate
11 you, Counsel.

12 Q. (BY MS. WALKER) And, Dr. Simerville,
13 what -- what -- the instruction I'm going to
14 give you is you have to answer giving the
15 truth, the whole truth, and nothing but the
16 truth.

17 So if the whole truth, the truth,
18 and nothing but the truth is a yes or no, I'll
19 ask you just to give a yes or not. But -- but
20 if the truth, the whole truth, and nothing but
21 the truth is beyond yes or no, then of course
22 you're free to elaborate.

23 Does that instruction make --
24 make sense to you?

25 A. Yeah, that's what I was trying to do.

1 Q. Okay, great. So I think we've --
2 we've beaten the dead horse about that clause
3 enough. We'll move on.

4 Okay. Right -- let's move on to
5 the next clause. Opinions and medical advice
6 given to Plaintiff. I'm going to represent to
7 you that the Plaintiff is Emalee Wagoner. So
8 that's the same person you referred to earlier
9 as being the person that you're talking about.

10 Does that make sense to you?

11 A. Yeah.

12 Q. Okay. So did you -- did you give any
13 opinions to Emalee Wagoner regarding gender
14 dysphoria?

15 A. Well, I saw her for her evaluation,
16 which she didn't come to me for that. She came
17 to me with some blood in her urine, I believe.
18 And she also was requesting some bottom surgery
19 at the time, and I informed her that that
20 service is not available up here.

21 Q. Okay. Let's -- let's take one -- one
22 quick second. Okay. So let's start with just
23 kind of the question itself.

24 So as -- the question that I
25 asked was: Did you give Emalee Wagoner any

1 opinions about gender dysphoria? And it sounds
2 like -- it sounds like you're saying the
3 opinion you gave her is that that's not a
4 service --

5 A. I didn't give her an opinion. So the
6 answer to your question is no.

7 Q. Okay.

8 A. I didn't give her any opinions.

9 Q. Okay, terrific. And -- and we'll come
10 back to what you said a minute ago. But,
11 first, I just need to get all the way through
12 this document.

13 You didn't give Emalee Wagoner
14 any medical advice regarding gender dysphoria,
15 did you? Or did you?

16 A. It depends how you want to phrase
17 that. I can give you -- say exactly what I
18 just told you before. She asked about bottom
19 surgery. I said that service is not available
20 here.

21 Q. Okay. So other than telling Emalee
22 Wagner that bottom surgery is not available
23 here, did you give any -- did you give Emalee
24 Wagoner any other medical advice regarding
25 gender dysphoria?

1 A. I didn't. No.

2 Q. Okay, terrific.

3 When you said "bottom surgery" a
4 minute ago, what were you referring to?

5 A. She wanted her testicles taken off.

6 Q. Okay. And what's the term for that?

7 A. Are you asking me, like, you don't
8 know?

9 Q. Well, you know, the -- the way it
10 works in a deposition is I don't get to
11 testify, I can only ask questions.

12 A. Bi- -- bilateral orchiectomy. That's
13 what --

14 Q. Bilateral means both of them, right,
15 left and right?

16 A. That's correct.

17 Q. Okay. So was Emalee Wagoner able to
18 tell you that she wanted an orchiectomy? Was
19 she able to use that vocabulary?

20 A. No, not that I recall. This was,
21 again, seven, eight years ago, but I don't
22 think she asked for that.

23 Q. Okay. What -- so -- so when you said
24 "bottom surgery," did you mean only orchi- --
25 orchiectomy or anything else?

1 A. I believe that's what she was asking
2 for. But, again, it was seven years ago. I
3 don't remember.

4 Q. Okay. Okay. So fair enough that
5 you -- you just don't remember what she was
6 asking for, other -- other than the bilateral
7 orchiectomy?

8 A. That's what I recall.

9 Q. Okay. Is bilateral orchiectomy a
10 service that providers provide at
11 Alaska Urology?

12 A. Nope.

13 Q. Okay. Does Dr. Lund provide bilateral
14 orchiectomy?

15 A. Nope.

16 Q. Okay. And -- and, Dr. Simerville, I'm
17 not in a position to -- to give you
18 information, but I'm just going to ask.

19 If Dr. Lund were to testify that
20 he had performed many orchiectomies, would that
21 surprise you?

22 A. Oh, we performed orchiectomies. Those
23 are for not bilaterally.

24 Q. Oh, I'm sorry. Okay. I apologize, I
25 don't understand.

1 So to be clear, Alaska Urology
2 does perform orchiectomies, right?

3 A. For tumors, yes.

4 Q. Okay. So -- so it performs the
5 procedure for orchiectomy, just not bilateral
6 orchiectomy?

7 A. Correct. Many years ago, we used to
8 treat prostate cancer with bilateral
9 orchiectomy, but we don't do that anymore.

10 Q. Okay. Fair enough. So -- and I want
11 to make sure I understand your testimony
12 correctly, and please forgive me if it sounds
13 like -- like asked or answered, but I just want
14 to clarify.

15 So when you told Emalee Wagoner
16 that bottom surgery was not available, you were
17 specifically referring to bilateral orchiectomy
18 for the treatment of gender dysphoria; is
19 that --

20 A. That is correct.

21 Q. Okay. Got it.

22 And -- and -- and I think you
23 answered this before, but now that we've
24 clarified this other aspect, I'm going to come
25 back and just touch on it.

1 So you used the term "bottom
2 surgery" before I asked another question. And
3 I asked you to define it, and you said
4 orchiectomy.

5 Now -- now that it's clear --

6 A. Well --

7 Q. Go ahead.

8 A. I think it could be a lot more than
9 just orchiectomy, but it's --

10 Q. Okay. Let's talk -- let's -- let's
11 talk about that. What -- what else is bottom
12 surgery?

13 A. Well, you can have a vaginoplasty, I
14 suppose, or --

15 Q. Okay.

16 A. -- phalloplasty. You can have all
17 sorts of things down there.

18 Q. Okay. And when you say "down there,"
19 are you referring to, like, the colloquial way
20 of talking about, like, a person's genitals or
21 do you mean, like, the lower 48 or what are you
22 talking about?

23 A. I think we're talking about bottom
24 surgery here.

25 Q. Okay. Fair enough. So -- so when you

1 said it's -- when you told Emalee Wagoner that
2 bottom surgery is not available, what -- did
3 you mean, like, not available at
4 Alaska Urology, not available in Alaska, not
5 available from you? What did you mean?

6 A. I -- I think there's not any
7 urologists up here that -- there's no one up
8 here providing that service. None of the
9 urologists I know, no -- no general surgeon I
10 know, no plastic surgeon I know. So I am not
11 aware of that being performed up here at all.

12 Q. Okay. And just -- just so we're
13 totally clear, Dr. Simerville, when you say
14 "that," you're referring to bilateral
15 orchiectomy for the purpose of gender dysphoria
16 treatment, right?

17 A. That's correct. Or whatever else you
18 want. And I don't know -- I don't remember
19 what she wanted. I know --

20 Q. Okay. Okay. And -- and as -- as far
21 as you know, just so we're totally clear, there
22 are no medical providers in Alaska providing
23 vaginoplasty or phalloplasty for the purposes
24 of gender dysphoria?

25 A. That is correct, as far as --

1 Q. Did you con- -- oh, sorry, go ahead.

2 A. That is correct, far as I'm aware.

3 Q. Okay. Do you consider yourself an
4 expert regarding what medical services are or
5 are not available to treat gender dysphoria in
6 Alaska?

7 A. I'm aware of the procedures that are
8 done here as part of the medical community, and
9 that is not one that is done, as far as I'm
10 aware.

11 Q. Okay. Fair enough.

12 All right. Let's -- let's really
13 quickly go back to -- okay. Actually, let --
14 let me direct your attention to this last
15 sentence here. Your -- your attorney still has
16 it highlighted.

17 Do you see where it says,
18 essentially: Dr. Simerville is qualified to
19 testify as to the availability and
20 appropriateness of medical services available
21 to treat gender dysphoria through surgery in
22 Alaska, outside of a correctional setting.

23 Is that a true statement or a
24 false statement? Or are parts of it true,
25 parts of it false, if you know?

1 A. Well, I mean, through the surgery in
2 Alaska, so I -- I think we're -- my next -- I
3 think -- I know that there's no -- nobody
4 that's doing it up here. So I think I would
5 have heard about it. So availability, I can
6 certainly testify to.

7 Q. Okay. What about -- what about
8 appropriateness of medical services available
9 to treat gender dysphoria through surgery in
10 Alaska, is that something that you're qualified
11 to testify about at trial in Federal Court?

12 A. Appropriateness? Well, I told you I'm
13 not an expert in gender dysphoria.

14 Q. So what's the answer to the question?

15 A. I can tell you that I'm not -- that
16 it's not available, and I can tell you I think
17 it takes a lot -- a team of medical providers
18 that is not available up here. So --

19 Q. Yeah, and cert- -- certainly not --
20 certainly not in your practice, right?

21 A. And the appropriateness would be
22 determined by the team. So I would refer to
23 someone who would think they were -- it was
24 appropriate, but...

25 Q. Okay. So, Dr. Simerville -- and --

1 and, again, I know -- I know you've expressed
2 the desire to do this as quickly as possible.
3 I'll definitely do my best to accommodate that,
4 but I -- I just need to ask a very direct
5 question.

6 Okay. I'm just going to read the
7 words to you on the page, and I'm going to ask
8 you: Is this a true statement or a false
9 statement? Okay? Here we go.

10 The statement is: Dr. Simerville
11 is qualified to testify as to the, quote,
12 appropriateness of medical services available
13 to treat gender dysphoria through surgery in
14 Alaska, outside of a correctional setting,
15 unquote.

16 Is that a true statement, a false
17 statement, or something else?

18 A. I think it's true because it says "in
19 Alaska."

20 Q. Okay. So could you explain how -- how
21 are you qualified to testify as to the
22 appropriateness of medical services available
23 to treat gender dysphoria?

24 A. Well, because there's not services to
25 treat gender dysphoria through surgery in

1 Alaska.

2 Q. Okay. Fair enough. So you -- so
3 you -- it sounds like, if I understand you
4 correctly, what you're saying is there are no
5 appropriate providers of medical services
6 available to treat gender dysphoria through
7 surgery in Alaska.

8 Is that a true statement?

9 A. True.

10 Q. Okay. So -- and just so we're totally
11 clear, like, you didn't do a survey or any
12 particular research of Alaska doctors in
13 preparation to answer this question, right?

14 A. It -- it's a -- no. So if something
15 has popped up since the last seven years when I
16 saw Emalee, then -- then maybe that's not
17 accurate. But seven years ago, it was
18 certainly accurate.

19 Q. Right. And you certainly haven't done
20 any research between now and when you saw this
21 patient to, like, figure out what the -- what
22 the scope is of gender dysphoria surgery
23 treatment in Alaska, right? Like, that's
24 not -- that's not a thing you spend your time
25 doing, right?

1 A. I'm -- I'm part of the community up
2 here and would be -- likely be aware if it was
3 happening.

4 Q. Got it. You'd likely be aware, but
5 it's not something you seek out to learn,
6 right?

7 A. I don't seek out to learn about it.

8 Q. Okay. Fair enough.

9 So let's -- I really want to dig
10 down on this concept of appropriateness of
11 medical services. Okay? So you've made it
12 very, very clear, Dr. Simerville -- and I
13 appreciate your brevity in answering these
14 questions, but you made it very, very clear
15 that you are not an expert in treating gender
16 dysphoria.

17 So really digging down on this
18 concept of appropriateness of -- of medical
19 services to treat gender dysphoria through
20 surgery in Alaska, here -- here's the question:

21 If -- if a patient came to you
22 and said, Hey, Dr. Simerville, I have gender
23 dysphoria, I need surgery, I need you to tell
24 me what services are -- are appropriate here in
25 Alaska for me to get surgery to treat gender

1 dysphoria.

2 A. Here's where you're missing the thing.

3 Q. Okay.

4 A. You still put in Alaska, which means
5 there isn't.

6 Q. Okay.

7 A. It certainly wasn't in 2017, when I
8 saw the patient.

9 Q. Okay. And -- and so just to be clear,
10 like -- like, this particular statement -- and
11 we'll take a break here in just a moment. I
12 really want to --

13 A. I don't want breaks. Got to keep
14 going.

15 Q. Sorry, say again?

16 A. I don't want to take a break.

17 Q. Okay. No, I totally appreciate that.
18 We'll go ahead and remain on record, and -- and
19 I'll -- I'll take a quick break, and that's
20 fine. But you're -- you're welcome to stay
21 there.

22 If you want to take a break and
23 talk to your lawyer, you can or do whatever
24 else. It will not -- it will not take long,
25 Dr. Simerville, I promise.

1 MR. GROSS: But we've only --
2 we've only been going, like, 40 minutes,
3 though. And I -- and I think there's people
4 that need to be places. Can -- can -- what do
5 you need a break for?

6 MS. WALKER: Yeah, David, if you
7 could, I'll just keep asking questions, and
8 we'll get this done as quickly as we can. I do
9 appreciate your patience, David.

10 Q. (BY MS. WALKER) So, Dr. Simerville,
11 so -- so the concept of appropriateness, you
12 know, I -- I'll -- I'll just represent to you
13 this is a document written by lawyers. Okay?
14 It's not written by doctors. Okay? So the --
15 what I'm really hoping you can talk about is
16 this notion of appropriateness. Okay?

17 So if you were talking about the
18 appropriateness of medical services available
19 to treat gender dysphoria through surgery in
20 Alaska, would you be able to give any advice
21 other than, You should go see a specialist?

22 A. I don't know why you're not getting
23 this, but the statement says "in Alaska."

24 Q. It does. That's right. It does.
25 That's right.

1 A. So there was no specialist for this at
2 the time I was seeing Emalee.

3 Q. And -- and not now either, as far as
4 you know?

5 A. As far as I know, there's not now
6 either.

7 Q. Okay. And, Dr. Simerville, because
8 you're not an expert in gender dysphoria, you
9 would not deign, you would not venture to opine
10 on the appropriateness of any medical services
11 for treating gender dysphoria through surgery,
12 right?

13 A. No.

14 Q. So -- so, no, you wouldn't give an
15 opinion; or no, that's not right?

16 A. Well, you told me to answer yes or no,
17 but --

18 Q. Okay. Well --

19 A. So --

20 Q. -- let's pause for a second just --
21 just to clarify the instruction.

22 MR. WILKSON: No, he's still --
23 he's still talking.

24 Q. (BY MS. WALKER) No, I -- no, I know,
25 but I -- I'm going to pause and make sure,

1 Dr. Simerville, that you understand the
2 instruction. You are to answer with the truth,
3 the whole truth, and nothing but the truth.
4 If --

5 A. I understand.

6 Q. Okay. Go ahead, then.

7 A. So, yes, it takes an expert team, I
8 believe -- and I think I even wrote this in my
9 note, that it takes a whole team to treat
10 gender dysphoria, psychiatrist. Shouldn't just
11 take them to a surgeon and have them to do
12 bottom surgery on them.

13 I believe it takes a team. So
14 that service is not available in Alaska. So
15 the "appropriateness" word is -- is
16 meaningless. What really matters is
17 availability.

18 Q. Yeah. And just -- and just so we're
19 totally clear -- got it, okay. Very good.

20 So -- and, you know, seven years
21 ago you talked about referring Ms. Wagoner to
22 an expert. If -- if any patient came to you
23 now, you would -- you would refer them to a
24 specialist in gender dysphoria, right?

25 A. Yeah, I would not treat that patient.

1 Q. Okay. And that's because you've had
2 no specialized education in gender dysphoria,
3 right?

4 A. I believe we cleared that up already.

5 Q. Okay. I know -- okay. And that means
6 you've never performed a surgery to treat
7 gender dysphoria?

8 A. Nope.

9 Q. Okay. And -- and are you the director
10 of surgery at Mat-Su Regional Hospital?

11 A. Not any -- no, I was the chief of
12 medical staff there for a while, but I'm not
13 anymore.

14 Q. Okay. And in your capacity there, you
15 never oversaw people doing surgery for
16 gender-affirming care, obviously?

17 A. No.

18 Q. Okay. Do you have a specialization in
19 treating incarcerated people?

20 A. I don't have a specialization in it.

21 Q. What percentage of your practice
22 involves treating people who are incarcerated?

23 A. We see a lot. I couldn't give you a
24 number.

25 Q. Okay. Do you provide different

1 treatment to people in custody than you do who
2 are out of custody?

3 A. No.

4 Q. Why is that?

5 A. Because they're people.

6 Q. Give me one second, please.

7 So when you say that they're
8 people, I mean, I -- I hear you as a person,
9 Dr. Simerville, and I -- I feel the warmth and
10 sincerity of your answer, but I do need to ask
11 you to elaborate a -- a little bit.

12 So is the significance of them
13 being people that they're entitled to the same
14 medical care as people who are out of custody?

15 A. Everybody gets the same excellent care
16 that comes through my office door.

17 Q. Okay. So the same clinical guidelines
18 would apply to someone in custody versus out of
19 custody?

20 A. I believe we've established that.

21 Q. Okay. And that -- and that's a yes?

22 A. Yes.

23 Q. Okay. Do you know what WPATH is?

24 A. I do not.

25 Q. Okay. If I told you that it's -- that

1 that's an acronym standing for the World
2 Professional Association for Transgender
3 Health, would that ring a bell or is this maybe
4 the first time you're hearing about this?

5 A. I may have heard of it before.

6 Q. Okay. So you haven't -- but you
7 haven't had any special training with WPATH,
8 right?

9 A. No.

10 Q. Okay. And you've never rendered an --
11 an opinion about whether any particular
12 medical -- medical care is or is not consistent
13 with WPATH medical guidelines, right?

14 A. I don't know what WPATH medical
15 guidelines are.

16 Q. Okay. Just give me one moment,
17 please.

18 THE VIDEOGRAPHER: This is the
19 videographer. Excuse me for a moment.

20 Doctor, can you push the iPad
21 back a little bit since? It's cutting off the
22 entire top of your head.

23 I appreciate that. Thank you so
24 much.

25 THE WITNESS: I had to read the

1 documents. So...

2 THE VIDEOGRAPHER: Not a problem.

3 MS. WALKER: Just give me one
4 moment, please, while I look at my notes.

5 Q. (BY MS. WALKER) So in -- so in
6 particular, because you are not an expert in
7 gender-affirming surgery, you -- you would also
8 not be in a position to give an expert opinion
9 as to whether any particular patient has given
10 informed consent for gender-affirming surgery,
11 right?

12 A. Would I know if someone's given --
13 that sounds like a very circular question to
14 me. A person can give informed consent to
15 anything, and I can understand that.

16 Q. Okay. But in terms of, like, for
17 example a person understanding the risks and
18 benefits of a bilateral orchiectomy, like
19 you -- you would not be in a position to make
20 sure they understand all those risks and
21 benefits to give informed consent, right?

22 A. I would -- I would not be the one
23 going over that with them.

24 Q. Yeah, because you're just not
25 qualified to do that, right?

1 MR. GROSS: Objection. He gave
2 the testimony.

3 MS. WALKER: Well, I'm -- I'm
4 asking a different question.

5 Q. (BY MS. WALKER) So, Dr. Simerville,
6 the reason you are not the person who would go
7 over costs, benefits, risks of gender-affirming
8 surgery, the reason you would not be that
9 person is because you are not a surgeon who
10 specializes in that field, right?

11 A. Generally, the person who does the
12 surgery does the informed consent.

13 Q. Right. And since you don't do the
14 surgeries, you're not going to do the informed
15 consent, right?

16 A. Makes sense.

17 Q. Okay. Okay.

18 Have you ever had any
19 conversation with Mr. Gross, who is an attorney
20 for the Defendants in this case?

21 A. Not that I recall.

22 Q. Okay. Any conversations with
23 Ms. Michaletz, Mara Michaletz, who's also
24 defense counsel?

25 A. I don't know. There was somebody I

1 reached out to when I first got your summons
2 and saying, Why am I being called here for
3 this?

4 And they said they were going to
5 try and get me off this thing so I wouldn't
6 have to do a deposition. I did talk to
7 somebody. I don't know who that was.

8 Q. Okay. And just to be clear, that --
9 that wasn't -- so when you called somebody,
10 that wasn't, like, a lawyer representing you,
11 correct?

12 A. No, I was calling the teams, going,
13 Why -- Why is this happening to me?

14 Q. Sorry, just to clarify, you were
15 calling the teams?

16 A. I was calling whatever -- I think I
17 called your office or your lawyers and said,
18 What the heck's going on? And I think I called
19 the -- the Defendant's office, as well.

20 Q. Okay, got it. And your goal was to
21 try to find a way to not testify?

22 A. To find out what this was even all
23 about, yeah, and why I was being summoned.

24 Q. Okay.

25 A. What action to take.

1 Q. Okay. Do -- have you -- have you
2 received a summons for the trial beyond the
3 notice of this deposition?

4 A. I think the only summons I've had is
5 from you, but -- or your office to do this
6 deposition.

7 Q. Okay. Okay. So directing your
8 attention, again, to docket -- excuse me,
9 Exhibit 45, which is still in front of you
10 there. Do you see how your attorney has that
11 highlighted?

12 I'm going to ask, Jim, your
13 attorney, just to highlight that -- that top
14 paragraph again. And see where it says --

15 MR. WILKSON: We're -- we're an
16 hour into this thing now, and we're still on
17 one paragraph of one exhibit.

18 MS. WALKER: Yeah, thank you for
19 your help there. If you wouldn't mind just
20 highlighting it. See where it says: Providers
21 of Alaska Urology? Thank you so much, Jim.

22 Q. (BY MS. WALKER) Dr. Simerville, where
23 you -- do you see where it says: They are
24 hybrid witnesses who may be called to provide
25 testimony?

1 A. I do see that.

2 Q. Yeah. Is it news to you that that's
3 referring to a trial?

4 A. I don't know what it's doing. I
5 already told you before, I don't even know what
6 a hybrid witness is. So --

7 Q. Okay. Do you --

8 A. -- can you move on?

9 Q. Yeah, I -- I -- I really appreciate
10 it, and I'm getting through as quickly as I
11 can.

12 It's just I got to ask the -- I
13 appreciate your -- your -- your view.

14 Do you -- and it's fair to say
15 that when it says, you know, who may be called,
16 you -- you don't know who might be calling you,
17 right?

18 A. Nope.

19 Q. Okay. Is there anything -- did -- did
20 I speak over you a moment ago when you were
21 answering a question? I apologize if I was.

22 A. I told you I didn't -- well, no -- no,
23 just keep going, please.

24 Q. Okay. Fair enough.

25 So did the lawyers for the

1 Defendants ever tell you why they might be
2 calling you to testify at a trial?

3 A. No.

4 Q. Okay. I'm not talking about your
5 lawyer. Okay. I'm only talking about the
6 lawyers for the Defendants or the lawyers
7 for -- okay.

8 MR. WILKSON: You -- you -- you
9 asked the question, and he answered it.

10 MS. WALKER: Okay. Got it.

11 Q. (BY MS. WALKER) So -- so you are
12 planning to give expert testimony?

13 A. I was not. I said, no. You need to
14 listen to my answers.

15 Q. No, I -- I apologize, Dr. Simerville.
16 I appreciate you being direct with the answer.

17 Okay. Give me one moment.

18 And you've talked about the --
19 you're not a specialist or expert in gender
20 dysphoria. How long overall have you been
21 practicing urology?

22 A. Twenty years.

23 Q. Okay. And earlier I asked about
24 communications with Mr. Gross or
25 Ms. Michaletz -- or I asked about

1 conversations, and I want to just make sure the
2 record is clear.

3 Have you ever had any -- any
4 communications with Mr. Gross or Ms. Michaletz
5 about the case at all, whether that's text,
6 e-mail, phone call, in-person communication --

7 A. I told you --

8 MR. WILKSON: Asked and answered.

9 A. Yeah, I told you this already.

10 Q. (BY MS. WALKER) Okay. And that's --
11 that's a no. I -- well, I asked about
12 conversations. That's why I'm going back and
13 making sure the record is clear as to other
14 forms of communication.

15 Okay. I'm understanding,
16 Dr. Simerville, your quest- -- your answer to
17 be that you have not communicated in any way
18 with those two people, and I'll just ask you to
19 correct me if I'm wrong?

20 A. Just -- I would just refer back to the
21 notes.

22 Q. I -- I don't follow, refer back to the
23 notes.

24 A. Well, I answered the question.

25 Q. Okay. And so you would have

1 graduated -- you said 20 years ago. So you
2 would have graduated from med school in
3 about -- help me out with the math, please.

4 A. I graduated med school in 1997.

5 Q. So back in 1997, there would be no --
6 no training in gender dysphoria for you or your
7 classmates, right?

8 A. No. But I'm not an expert in that.

9 Q. So I've heard.

10 Just give me one quick second
11 here.

12 Okay. And fair -- and -- oh,
13 yes. This will -- this will go very quickly,
14 but I -- I do appreciate you -- you test- --
15 you testified earlier that you looked at your
16 records. And I'm not going to ask you to go
17 through those line by line because I know
18 you're in a bit of hurry.

19 But I will ask really quickly,
20 it's fair to say that you only saw this
21 patient, Emalee Wagoner, at the earliest in
22 August of 2016 and in the latest,
23 February 2018, correct?

24 A. I'm sure there's a date on the medical
25 record, which is the only time I've seen her.

1 Q. Okay. So if I were to represent to
2 you that the medical record says that the last
3 time you saw her was 7 February 2018, is that
4 consistent with your memory?

5 A. That is.

6 Q. Okay. And so, obviously, you haven't
7 seen her since. You haven't even diagnosed her
8 since that time?

9 A. That's correct.

10 Q. Okay. And I'll just represent to you
11 that -- and I can show you if you need. I'm
12 happy to do that. But I'm going to represent
13 to you that in your medical records, it
14 indicates that on 20 January 2017 -- so
15 that's -- I apologize, strike that. Strike the
16 whole question. I'll rephrase.

17 So, Dr. Simerville, if you need
18 to see your record, I'm happy to provide it.
19 But I'll -- I'll represent to you that you have
20 a medical note, a record that says that on
21 June 20th, 2017, you -- you used the expression
22 that, quote, from a urologic standpoint only.
23 And just -- I'm -- I'm asking you, it's true
24 that you wrote that because that is -- because
25 urology is your specialty, right?

1 A. That is a true statement.

2 Q. Okay. Okay. And -- and I think I
3 asked this and I'm sure I'll get an objection
4 if I have, but -- so in addition to not
5 communicating with Emalee Wagoner since 2018,
6 you also have not looked at any of her more
7 recent medical records since that date,
8 correct?

9 A. Nope.

10 Q. Okay. So you are not in a position to
11 give an opinion as to what medical care Emalee
12 Wagoner should have going forward; is that
13 correct?

14 A. No, I have not seen her in -- in
15 seven years.

16 Q. Okay. So that means you're not in a
17 position to give a medical opinion as to what
18 care she should have going forward, correct?

19 A. I don't -- I -- I have not seen her in
20 seven years.

21 Q. Okay. Under- -- understanding that
22 you haven't seen her in seven years, the
23 implication of not seeing her in seven years is
24 that you are not in a position to provide an
25 opinion as to what medical care she should have

1 going forward?

2 A. I think that's obvious, yes.

3 Q. Fantastic, Dr. Simerville. Thank you
4 so much.

5 MS. WALKER: That concludes my
6 questions from me. So I'm going to give David
7 an opportunity to ask you any questions, if
8 you'd like.

9 EXAMINATION

10 Q. (BY MR. GROSS) Yeah, Doctor, I just
11 have -- I'm going to make it very quick. I
12 just have questions about one entry. And it's
13 from a record that looks like it's dated
14 April 3rd, 2019. And it says this. It says --
15 it's -- it's sort of -- it's a -- it's a note,
16 a progress note.

17 It says: I discussed the
18 patient's current situation with Dr. Simerville
19 of urology regarding his dysphoria [sic], UTI,
20 and self-inflicted hypospadias. It was his
21 opinion that the patient's current injury did
22 not predispose him to urinary tract infection
23 as he still had two intact sphincters above the
24 level of the lesion. (Assuming no foreign body
25 was inserted). He did not feel it likely that

1 repair of this lesion would relieve the
2 patient's symptoms either. Furthermore, he
3 said this would be a complicated procedure with
4 a very high likelihood of complication and/or
5 complete failure. He related that hypospadias
6 is -- in adults is a much more difficult
7 procedure than hypospadias repair in newborns.
8 He felt that this would require a
9 reconstructive specialist not available in
10 Alaska.

11 So that was a lot. Let me try to
12 break down just a couple -- a couple issues
13 there.

14 Generally speaking, do you -- do
15 you -- if -- if -- if -- when you're looking at
16 the causation of a UTI, it's -- it talks about
17 the location of the leisure [sic] in relation
18 to the sphincters.

19 Why would that be relevant?

20 MS. WALKER: Objection --
21 objection. I'll pause the witness there for
22 one second. David, we're objecting as to form.
23 There's no foundation for that question, and
24 it's well beyond the Court's order.

25 If -- you're -- you're

1 certainly -- I -- I stated my objection, but I
2 do want to make sure that everyone understands
3 if -- if you're going to go into this field,
4 it's clearly beyond the order. We -- we may
5 have to go into it, as well, but you --

6 Q. (BY MR. GROSS) Doctor, you can go
7 ahead and answer.

8 A. Yeah, well, it -- it -- the reason I
9 mentioned sphincters was that indicates if a
10 patient has incontinence, you know. So less
11 likely to have urine in the underwear,
12 resulting in an ascending urinary tract
13 infections, which results are protected by the
14 length of her urethra, which is why men don't
15 get UTIs very often.

16 So initially she presented, I
17 think, with -- or had had in her history a UTI.
18 So they were worried about what's the
19 contributing factor.

20 Q. And did you -- did you -- you ruled
21 that out?

22 A. I did.

23 Q. Okay. And you also say: He did not
24 feel -- you did not feel that likely the repair
25 of this lesion would relieve the patient's

1 other symptoms either.

2 What other -- can you remember
3 what other symptoms they -- they were talking
4 about?

5 MS. WALKER: Same objections.

6 A. I don't remember what the -- what --
7 I -- I can't recall what that was referring to.
8 I will tell you that hypospadias in adults is
9 oft- -- is very hard and often fails.

10 Q. (BY MR. GROSS) And what is that
11 procedure?

12 MS. WALKER: Same objections.

13 Q. (BY MR. GROSS) Go ahead.

14 A. It's to -- so with a hypospadias, what
15 she has is a -- is a slit down the ventral side
16 of her urethra. So it's like a cobra head
17 instead of just a normal urethral meatus. So
18 it would be involved in re-tabularizing that
19 aspect of the urethra until she just had a
20 normal meatus at the tip of her penis.

21 Q. Okay. And those are very -- those are
22 difficult procedures that don't often succeed?

23 A. They do not often succeed. They often
24 fail.

25 MR. GROSS: Okay. Those -- those

1 are all the questions I have.

2 Thank you, Doctor.

3 THE WITNESS: You're welcome.

4 FURTHER EXAMINATION

5 Q. (BY MS. WALKER) Okay. Dr. Simerville,
6 don't go away. Just a quick follow-up with
7 that.

8 Is it fair to say that that
9 procedure would cause pain, what you're talking
10 about?

11 A. Any surgery can cause pain, yes.

12 Q. Okay. And the particular condition
13 you referred to, with the urethra being sort of
14 shaped in like a cobra head than a typical
15 urethra, would that be painful for a patient?

16 A. Nope.

17 Q. Why do you say that?

18 A. Because lots of people have
19 hypospadias, and they don't have pain.

20 Q. Okay. Do some people have pain with
21 hypospadias?

22 A. Not from the hypospadias.

23 Q. Okay. But from -- okay. Fair enough.
24 I'll leave that.

25 So going back to counsel --

1 counsel's question, he asked you a question
2 having to do -- he read a long medical note
3 that referred to sphincters. And I'm going to
4 direct your attention back to that quote that
5 he read you.

6 And I know, Dr. Simerville, I
7 can -- I can predict what you're going to say,
8 but I'm going to ask you -- I'm going to ask
9 you to bear with me and please just answer the
10 question, if you can.

11 There is nothing about what
12 Mr. Gross, Mr. David Gross, read to you that
13 has anything to do with whether Emalee Wagoner
14 should have gender-affirming surgery now, does
15 it?

16 A. That's a completely separate issue.

17 Q. Yeah. Okay.

18 And -- right. Because -- because
19 when -- when you're talking about this issue of
20 the -- the hypospadias, if I'm saying that
21 correctly, what you're referring to in your
22 notes there is -- is sort of contemplating or
23 getting ready for penile reconstruction as
24 opposed to a penectomy, right?

25 MR. GROSS: Objection, leading.

1 MS. WALKER: It -- it's a
2 cross-examination deposition.

3 Q. (BY MS. WALKER) So, Doctor, you can
4 answer, if you know the answer.

5 A. We were not contemplating a penectomy.

6 Q. Because that's -- that's not a service
7 you provide, right?

8 A. Only for a patient with penis cancer.

9 Q. Okay. And Emily Wagoner did not have
10 penis cancer?

11 A. She did not.

12 Q. All right. One second.

13 Fantastic.

14 MS. WALKER: Dr. Simerville,
15 thank you so much. We really appreciate you
16 taking time out your busy schedule. And that
17 concludes the deposition questions for the
18 Plaintiffs.

19 MR. GROSS: No further questions.

20 THE VIDEOGRAPHER: This is the
21 videographer. I will close out the record.
22 Please stand by.

23 The time is 5:15 p.m. This will
24 conclude today's testimony given by Dr. Jeff
25 Simerville.

1 The total number of media units
2 is one and will be retained by Veritext.

3 Deposition concluded. Off the
4 record.

5 (Deposition adjourned at 5:15 p.m.)

6 (Signature not requested.)
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CERTIFICATE OF DEPONENT

I have read the foregoing transcript of my deposition and except for any corrections or changes noted on the errata sheet, I hereby subscribe to the transcript as an accurate record of the statements made by me.

JEFF SIMERVILLE, M.D.

SUBSCRIBED AND SWORN before and to me
this ____ day of _____, 20____.

NOTARY PUBLIC

My Commission expires:

CERTIFICATE

I, SANDRA M. MIEROP, Certified Shorthand Reporter, do hereby certify that the foregoing proceedings were taken before me at the time and place herein set forth; that the witness was sworn to tell the truth; that the proceedings were reported stenographically by me and later transcribed by computer transcription; that the foregoing is a true record of the proceedings taken at that time; and that I am not a party to, nor do I have any interest in, the outcome of the action herein contained.

IN WITNESS WHEREOF, I have hereunto set my hand on this the 28th day of March, 2025.



SANDRA M. MIEROP

Notary Public, State of Alaska

My commission expires: 9/18/28

&	3	9	advice 25:5
& 2:12,19	3/27/2025 64:3	9/18/28 63:18	26:14,24 38:20
0	307-7394 2:7	907-274-5100	affirming
00211 1:6 4:18 09/18 3:12	3:18 1:6 4:18 3rd 54:14	2:22 907-802-2998	41:16 44:7,10 45:7 59:14
1	4	2:15	aftercare 20:14
1 4:13 10:15 12:9,18 10005 2:5 120 2:4 1997 51:4,5 19th 2:4	4 13:25 14:3 40 38:2 44 3:11 45 3:12 9:18 47:9 46 3:13 4642 63:16 48 30:21 4:00 1:14 4:17 4:3	99501 2:13,20 99645 1:17 a	20:18 21:5,18 21:25 22:20 ago 8:7 10:3 26:10 27:4,21 28:2 29:7 35:17 40:21 48:20 51:1
2	5	ability 6:8 7:2 20:13 21:17,25 22:20	48:20 51:1
20 51:1 52:14 62:13 64:22 2016 51:22 2017 37:7 52:14,21 2018 51:23 52:3 53:5 2019 54:14 2025 1:13 3:2 4:3 63:14 204 9:13 20th 52:21 2490 1:17 250 2:19 27 1:13 3:2 27th 4:3 28th 63:14	4642 63:16 48 30:21 4:00 1:14 4:17 4:3 5 5 3:4 13:21 510 2:13 54 3:5 58 3:6 5:15 60:23 61:5	able 27:17,19 38:20 above 54:23 accommodate 34:3 accurate 35:17 35:18 62:6 acronym 43:1 act 23:3 action 4:24 5:10 46:25 63:12 actually 23:3 32:13 adam 13:15 addition 53:4 address 11:16 14:4 adjourned 61:5 adults 55:6 57:8	agree 4:11 6:11 17:25 21:3 ahead 15:4 30:7 32:1 37:18 40:6 56:7 57:13 akdt 4:3 al 1:7 4:16 64:2 alaska 1:2,14 1:17 2:13,20 3:13 4:18 13:2 13:25 14:3 15:2 17:15,18 18:1 28:11 29:1 31:4,4,22 32:6,22 33:2 33:10 34:14,19 35:1,7,12,23 36:20,25 37:4 38:20,23 40:14 47:21 55:10
6	6	63:12	35:17 40:21
646 2:7	646 2:7	actually 23:3	48:20 51:1
7	7	32:13	15:2 17:15,18
7 52:3	7 52:3	adam 13:15	18:1 28:11
700 2:13	700 2:13	addition 53:4	29:1 31:4,4,22
8	8	address 11:16	32:6,22 33:2
807 2:19	807 2:19	14:4	33:10 34:14,19
		adjourned 61:5	35:1,7,12,23
		adults 55:6	36:20,25 37:4
		57:8	38:20,23 40:14
			47:21 55:10

63:18 amended 3:12 9:16 anchorage 2:13 2:20 answer 6:13,21 7:2 8:19 18:7 23:13,21,21,24 24:3,4,5,9,14 26:6 33:14 35:13 39:16 40:2 42:10 49:16 50:16 56:7 59:9 60:4 60:4 answered 29:13,23 49:9 50:8,24 answering 36:13 48:21 answers 49:14 anymore 29:9 41:13 apologize 28:24 48:21 49:15 52:15 apply 42:18 appreciate 20:23 23:9,11 24:10 36:13 37:17 38:9 43:23 48:9,13 49:16 51:14 60:15	appropriate 33:24 35:5 36:24 appropriaten... 32:20 33:8,12 33:21 34:12,22 36:10,18 38:11 38:16,18 39:10 40:15 april 54:14 area 19:13 arielle 2:24 4:19 ascending 56:12 asked 20:5 25:25 26:18 27:22 29:13 30:2,3 49:9,23 49:25 50:8,11 53:3 59:1 asking 8:11 21:10,24 27:7 28:1,6 38:7 45:4 52:23 aspect 29:24 57:19 assess 20:18 association 43:2 assuming 54:24 attachments 9:24	attention 13:21 16:15 32:14 47:8 59:4 attorney 5:9 8:12,17 10:2 14:15 21:13 32:15 45:19 47:10,13 audible 6:12 audio 4:10 august 51:22 availability 32:19 33:5 40:17 available 25:20 26:19,22 29:16 31:2,3,4,5 32:5 32:20 33:8,16 33:18 34:12,22 35:6 38:18 40:14 55:9 aware 31:11 32:2,7,10 36:2 36:4 b back 26:10 29:25 32:13 43:21 50:12,20 50:22 51:5 58:25 59:4 bear 59:9 beaten 25:2	believe 16:14 25:17 28:1 40:8,13 41:4 42:20 bell 43:3 bells 14:17 benefits 44:18 44:21 45:7 best 6:7 10:13 14:12 34:3 beyond 24:21 47:2 55:24 56:4 bhb.com 2:15 bi 27:12 big 22:7 bilateral 27:12 27:14 28:6,9 28:13 29:5,8 29:17 31:14 44:18 bilaterally 28:23 birch 2:12 bit 12:20,22,23 12:23 42:11 43:21 51:18 bittner 2:12 black 9:15 blood 25:17 body 54:24 bold 9:15 bottom 9:13 25:18 26:18,22
--	---	--	--

27:3,24 29:16 30:1,11,23 31:2 40:12 break 6:20,22 37:11,16,19,22 38:5 55:12 breaks 37:13 brevity 36:13 brief 5:24 brooks 13:15 bunch 13:2 business 17:14 busy 60:16	case 1:5 4:18 45:20 50:5 64:2 casual 22:13 causation 55:16 cause 58:9,11 cbc 1:24 cc 11:10 ccp 1:24 cert 33:19 certainly 33:6 33:19,20 35:18 35:19 37:7 56:1 certificate 62:1 63:1 certified 63:2 certify 63:3 change 64:5 changes 62:5 cherot 2:12 chief 41:11 circular 44:13 city 2:5 clarified 29:24 clarify 21:11 29:14 39:21 46:14 classmates 51:7 clause 20:11 25:2,5 clear 29:1 30:5 31:13,21 35:11	36:12,14 37:9 40:19 46:8 50:2,13 cleared 41:4 clearest 18:7 clearly 56:4 client 8:17 10:22 11:10 clinical 42:17 close 60:21 cobra 57:16 58:14 colleagues 22:9 22:14 collecting 18:20 colloquial 30:19 come 25:16 26:9 29:24 comes 20:14 21:4,6 22:21 42:16 comfortable 10:22 commission 62:20 63:18 64:25 communicated 8:10 50:17 communicating 24:7 53:5 communication 50:6,14	communicati... 8:11,19 49:24 50:4 community 32:8 36:1 complete 55:5 completely 59:16 complicated 55:3 complication 55:4 computer 12:3 63:8 con 32:1 concept 36:10 36:18 38:11 concerning 7:17 conclude 60:24 concluded 61:3 concludes 54:5 60:17 condition 58:12 conducted 4:5 confusion 20:10 connection 4:7 consent 44:10 44:14,21 45:12 45:15 consider 32:3 consistent 6:8 43:12 52:4
c			
c 2:1 call 50:6 called 8:16 46:2 46:9,17,18 47:24 48:15 calling 46:12 46:15,16 48:16 49:2 camera 4:6 cancel 7:9 10:11 cancer 29:8 60:8,10 capacity 41:14 caption 9:14 care 20:19 41:16 42:14,15 43:12 53:11,18 53:25			

contained 63:12 contemplating 59:22 60:5 continue 4:11 contributing 56:19 controlling 10:11 convention 22:8 conversation 22:14 45:19 conversations 45:22 50:1,12 correct 5:16 9:3 17:2,3,16 18:16,18,19 20:8 27:16 29:7,20 31:17 31:25 32:2 46:11 50:19 51:23 52:9 53:8,13,18 correctional 32:22 34:14 corrections 62:4 correctly 29:12 35:4 59:21 costs 45:7 counsel 5:1 10:11,20 11:9 23:23 24:11	45:24 58:25 counsel's 59:1 couple 55:12,12 course 11:10 24:21 court 1:1 4:17 4:20 5:21 13:1 33:11 court's 55:24 covered 19:16 created 15:13 cross 60:2 crr 1:24 current 54:18 54:21 custody 42:1,2 42:14,18,19 cutting 43:21 cv 1:6 4:18 d dahlstrom 1:7 4:16 13:12 64:2 date 51:24 53:7 64:3 dated 54:13 david 2:14 38:6 38:9 54:6 55:22 59:12 day 62:13 63:14 64:22 dead 25:2	deal 22:16,17 defendant's 9:15 46:19 defendants 1:7 2:11 45:20 49:1,6 defense 2:4 45:24 define 30:3 definitely 7:25 34:3 deign 39:9 depends 4:6 26:16 deponent 62:1 deposition 1:10 3:11 4:4,14 5:18 27:10 46:6 47:3,6 60:2,17 61:3,5 62:4 64:3 describe 19:25 described 15:16,22 description 3:10 desire 34:2 determined 33:22 dgross 2:15 diagnosed 52:7 diagnosing 18:15	different 41:25 45:4 difficult 55:6 57:22 dig 36:9 digging 36:17 direct 13:20 32:14 34:4 49:16 59:4 directing 16:15 47:7 directly 10:21 11:3,9 director 41:9 disagree 23:19 23:20 disclosure 9:16 discrete 19:1 discussed 54:17 distinction 20:24 district 1:1,2 4:17,17 13:1,2 doc 9:18 docket 47:8 doctor 23:10 43:20 54:10 56:6 58:2 60:3 doctors 35:12 38:14 document 9:12 9:13,14,19 10:2,3 12:14 14:6,13 15:7
--	--	---	---

15:13 16:5,10 21:22 26:12 38:13 documents 7:17 9:2 14:9 44:1 doing 23:13 33:4 35:25 41:15 48:4 door 42:16 dos 8:22 dr 2:18,18 4:14 5:8 7:22 10:1,6 10:16 11:15 12:13 13:24 15:1 17:12 18:10 20:12 22:4,5,18 23:10 24:12 28:13,16,19 31:13 32:18 33:25 34:10 36:12,22 37:25 38:10 39:7 40:1 42:9 45:5 47:22 49:15 50:16 52:17 54:3,18 58:5 59:6 60:14,24 drawing 20:24 duly 5:5 duper 23:11 dysphoria 17:20 18:2,11	18:13,15,18,22 19:6,10,15,20 20:4,15,17 21:1,2,7,20 22:22 25:14 26:1,14,25 29:18 31:15,24 32:5,21 33:9 33:13 34:13,23 34:25 35:6,22 36:16,19,23 37:1 38:19 39:8,11 40:10 40:24 41:2,7 49:20 51:6 54:19	emalee 1:4 4:15 7:15 13:7 17:1 25:7,13,25 26:13,21,23 27:17 29:15 31:1 35:16 39:2 51:21 53:5,11 59:13 64:2 emily 60:9 emmanuel 7:9 entire 43:22 entitled 42:13 entry 54:12 errata 62:5 64:1 essentially 32:18 established 13:9 42:20 et 1:7 4:16 64:2 evaluation 25:15 everybody 9:9 42:15 exactly 19:25 26:17 examination 5:6 54:9 58:4 60:2 example 6:13 44:17 excellent 42:15	except 62:4 excuse 9:18 43:19 47:8 exhibit 3:9,11 3:12,13 9:18 10:12 13:21 47:9,17 expedite 12:3 expeditiously 6:24 expert 3:12 9:16 17:19 18:1,11,12,14 18:17,20 19:8 19:13,21 20:3 20:7,13 21:4 22:19,25 23:7 32:4 33:13 36:15 39:8 40:7,22 44:6,8 49:12,19 51:8 expertise 19:4 21:9 expires 62:20 63:18 64:25 explain 34:20 expressed 34:1 expression 52:21
	e		
	e 2:1,1 8:5 10:2 10:21,24 11:9 11:16,18,21,23 50:6 earlier 23:16 25:8 49:23 51:15 earliest 51:21 education 2:4 41:2 eight 27:21 either 39:3,6 55:2 57:1 elaborate 23:12 23:15 24:22 42:11		
			f
			factor 56:19 fail 57:24

fails 57:9 failure 55:5 fair 7:13,21 8:8 8:25 9:11 17:9 28:4 29:10 30:25 32:11 35:2 36:8 48:14,24 51:12 51:20 58:8,23 false 32:24,25 34:8,16 familiar 7:16 15:10 17:11 fantastic 5:13 5:23 19:23 54:3 60:13 fapr 1:24 far 31:20,25 32:2,9 39:3,5 farley 2:19 farleygraves.... 2:21 faster 23:17 february 51:23 52:3 federal 33:11 feel 42:9 54:25 56:24,24 fellow 17:11 felt 55:8 field 17:19 45:10 56:3 figure 14:12 35:21	figured 6:17 filed 4:16 financially 4:24 find 46:21,22 fine 5:12 10:12 11:12 37:20 first 3:10 6:21 14:22 15:5 21:16 26:11 43:4 46:1 five 21:16 floor 2:4 focus 21:24 follow 20:13 21:17,25 22:20 50:22 58:6 following 21:5 follows 5:5 foregoing 62:3 63:3,9 foreign 54:24 forgive 29:12 form 55:22 forms 50:14 forth 16:18 63:5 forward 53:12 53:18 54:1 foundation 55:23 free 24:22 friedman 2:24 4:19	front 47:9 full 22:8 fully 7:3 fund 2:4 further 58:4 60:19 furthermore 55:2	genitals 30:20 getting 9:10 20:10,10 38:22 48:10 59:23 give 5:24 6:12 23:17 24:14,19 25:12,25 26:5 26:8,13,17,23 26:23 28:17 38:20 39:14 41:23 42:6 43:16 44:3,8 44:14,21 49:12 49:17 51:10 53:11,17 54:6 given 25:6 44:9 44:12 60:24 giving 24:14 go 4:12 12:8 15:4 30:7 32:1 32:13 34:9 37:18 38:21 40:6 45:6 51:13,16 56:3 56:5,6 57:13 58:6 goal 46:20 going 5:23 7:24 8:18 10:4 11:22 12:16 13:20,23 14:21 19:21,24 20:16 20:19 22:5 24:13 25:6
		g	
		g 2:19 gender 17:19 18:2,11,12,15 18:18,22 19:5 19:10,14,20 20:4,15,17 21:1,2,7,19 22:22 25:13 26:1,14,25 29:18 31:15,24 32:5,21 33:9 33:13 34:13,23 34:25 35:6,22 36:15,19,22,25 38:19 39:8,11 40:10,24 41:2 41:7,16 44:7 44:10 45:7 49:19 51:6 59:14 general 10:12 20:21,25 31:9 generally 45:11 55:14	

28:18 29:24 34:6,7 37:14 38:2 39:25 44:23 45:14 46:4,12,18 47:12 48:23 50:12 51:16 52:12 53:12,18 54:1,6,11 56:3 58:25 59:3,7,8 59:8 good 5:7 40:19 graduated 51:1 51:2,4 graves 2:19 great 10:9 11:14 12:7,11 25:1 greg 17:12 gross 2:14 3:5 16:23 23:19 24:1 38:1 45:1 45:19 49:24 50:4 54:10 56:6 57:10,13 57:25 59:12,12 59:25 60:19 guidelines 42:17 43:13,15	happening 11:7 36:3 46:13 happy 52:12,18 hard 57:9 head 6:14,16 43:22 57:16 58:14 health 18:21 43:3 hear 5:11,12 11:11 42:8 heard 4:8 13:12 33:5 43:5 51:9 hearing 11:8 43:4 heck's 46:18 hello 5:8 help 47:19 51:3 hematuria 16:23 hereunto 63:13 hey 22:15 36:22 high 55:4 highlight 47:13 highlighted 21:14,17 32:16 47:11 highlighting 47:20 history 18:21 56:17 home 20:20	honest 15:20 hoping 18:6 38:15 horse 25:2 horton 2:12 hospital 41:10 hour 47:16 huh 13:8,11 hurry 51:18 hybrid 15:10 15:16,22,23 47:24 48:6 hypospadias 54:20 55:5,7 57:8,14 58:19 58:21,22 59:20 hypothetical 22:7	incontinence 56:10 index 3:1,9 indicates 52:14 56:9 infection 54:22 infections 56:13 inflicted 19:6 19:10 54:20 informally 8:1 information 28:18 informed 25:19 44:10,14,21 45:12,14 initially 56:16 injuries 19:6,10 injury 54:21 inserted 54:25 instructing 23:24 instruction 23:20 24:2,7 24:13,23 39:21 40:2 instructions 20:14 21:5,18 21:25 22:21 intact 54:23 interest 63:11 interested 4:24 interfere 7:1
h		i	
hand 63:14 hang 23:5		identifying 18:17 illness 7:1 imagine 22:11 22:13 implication 53:23 importance 6:4 important 7:23 improper 24:2 incarcerated 41:19,22 include 16:17	

internet 4:7 involved 57:18 involves 41:22 ipad 43:20 issue 59:16,19 issues 55:12	know 5:25 7:5 7:10,20 9:4,9 13:10,14,14,15 13:16 15:5,12 15:18,23 16:3 16:20 17:7 27:8,9 31:9,10 31:10,18,19,21 32:25 33:3 34:1,1 38:12 38:22 39:4,5 39:24 40:20 41:5 42:23 43:14 44:12 45:25 46:7 48:4,5,15,16 51:17 56:10 59:6 60:4	48:25 49:6,6 leading 59:25 learn 36:5,7 leave 58:24 left 13:3 27:15 legal 2:4 4:20 4:21 6:4 9:14 12:13 leisure 55:17 length 56:14 lesion 54:24 55:1 56:25 level 54:24 likelihood 55:4 likely 36:2,4 54:25 56:11,24 line 3:10 51:17 51:17 64:5 link 11:2 list 3:12 listen 6:6 49:14 little 12:22,23 12:23 42:11 43:21 llc 64:1 loaded 22:24 located 20:20 location 55:17 log 10:24 long 14:14 15:19 37:24 49:20 59:2 look 10:14 14:18 16:1	44:4 looked 51:15 53:6 looking 55:15 looks 12:15 54:13 loop 1:17 lot 8:5 14:9 22:8 30:8 33:17 41:23 55:11 lots 58:18 lower 30:21 ls 11:20 lund 2:18 17:12 28:13,19
j	j 11:23 january 52:14 jeff 1:11 3:2 5:4 60:24 62:10 64:3,21 jeffrey 4:14 jim 2:21 11:11 12:19 13:22 14:23 47:12,21 jsimervill 11:17 judge 6:6 june 52:21 jury 6:5 jwilkson 2:21	l	m
k	l 2:13 11:19,23 11:23 lambda 2:4 lambdalegal.... 2:6,8,10 lately 14:10 latest 51:22 laura 13:15 lawrence 13:16 lawyer 8:20 37:23 46:10 49:5 lawyers 13:18 38:13 46:17	k 2:14 keep 10:13 37:13 38:7 48:23 kerr 2:6 kind 5:24 6:14 12:17 18:6 20:21 22:10 25:23	m 1:24 11:23 11:23,24,25 63:2,17 m.d. 1:11 3:2 5:4 62:10 64:3 64:21 made 36:11,14 62:7 mail 10:21 11:16 50:6 mailed 10:2,24 mailing 11:9 mails 8:5 make 6:9 8:14 8:22 19:1 20:9 24:23,24 25:10

29:11 39:25 44:19 50:1 54:11 56:2 makes 6:10 45:16 making 50:13 mara 2:16 45:23 marathon 6:19 march 1:13 3:2 4:3 63:14 marked 9:13 mat 41:10 math 51:3 matter 4:15 matters 40:16 mean 16:22 17:1 20:17 22:25 27:24 30:21 31:3,5 33:1 42:8 meaningless 40:16 means 8:17 27:14 37:4 41:5 53:16 meatus 57:17 57:20 med 51:2,4 media 4:13 61:1 medical 17:15 18:21 25:5 26:14,24 31:22	32:4,8,20 33:8 33:17 34:12,22 35:5 36:11,18 38:18 39:10 41:12 42:14 43:12,12,13,14 51:24 52:2,13 52:20 53:7,11 53:17,25 59:2 medication 7:1 medicine 20:22 20:25 memory 52:4 men 56:14 mental 18:21 mention 21:19 mentioned 56:9 met 5:14 michaletz 2:16 45:23,23 49:25 50:4 middle 12:17 mierop 1:24 4:21 63:2,17 mind 11:9 12:20 14:24 16:1 47:19 minute 26:10 27:4 minutes 10:3 38:2 missing 37:2 mister 14:25	mms 1:6 moment 10:18 14:11 37:11 43:16,19 44:4 48:20 49:17 morgan 2:8 5:9 move 6:23 23:18 25:3,4 48:8 mwalker 2:8	newborns 55:7 news 48:2 nod 6:14 nods 6:16 nope 5:22 19:7 28:12,15 41:8 48:18 53:9 58:16 normal 57:17 57:20 notary 62:17 63:18 64:25 note 4:4 40:9 52:20 54:15,16 59:2 noted 62:5 notes 3:13 16:22 44:4 50:21,23 59:22 notice 3:11 47:3 notion 38:16 number 3:10 41:24 61:1
		n	
		n 2:1 name 4:19 5:8 7:9,15 8:6 13:9 17:11 64:2,3 named 7:15 names 13:2,6 nancy 1:7 4:16 13:12 64:2 need 6:6,20,21 7:25 8:18 14:11,14,15 20:18,18 23:14 24:2 26:11 34:4 36:23,23 38:4,5 42:10 49:13 52:11,17 needs 11:5 never 5:14,19 5:20 41:6,15 43:10 new 2:5,5 64:1	oath 6:1,3,8 objecting 55:22 objection 11:8 45:1 53:3 55:20,21 56:1 59:25 objections 57:5 57:12

objects 11:6	28:4,4,9,13,16	44:8 53:11,17	34:7 64:5
observations 16:17	28:24 29:4,10	53:25 54:21	paid 9:10
obvious 54:2	29:21 30:10,15	opinions 25:5	pain 58:9,11,19
obviously 22:15,16 41:16	30:18,25 31:12	25:13 26:1,8	58:20
52:6	31:20,20 32:3	opportunity	painful 58:15
office 42:16	32:11,13 33:7	54:7	palmer 1:17
46:17,19 47:5	33:25 34:6,9	opposed 59:24	paragraph
oft 57:9	34:20 35:2,10	orchi 27:24	14:22 15:1,5
oh 12:22 28:22	36:8,11 37:3,6	orchiectomies	16:2,12 19:3
28:24 32:1	37:9,17 38:13	28:20,22 29:2	47:14,17
51:12	38:14,16 39:7	orchiectomy	part 32:8 36:1
okay 5:7,11,17	39:18 40:6,19	27:12,18,25	participants
5:23 6:11,19	41:1,5,5,9,14	28:7,9,14 29:5	4:7
7:5,8,11,13,18	41:18,25 42:17	29:6,9,17 30:4	particular 21:9
7:21 8:8,21,24	42:21,23,25	30:9 31:15	22:19 35:12
8:25 9:4,7,25	43:6,10,16	44:18	37:10 43:11
10:5,9 11:8,14	44:16 45:17,17	order 55:24	44:6,9 58:12
11:22 12:6,6,8	45:22 46:8,20	56:4	parties 4:11
12:10,12,16,24	46:24 47:1,7,7	originating	partner 17:13
13:5,13,17,20	48:7,19,24	1:16	17:14,15
14:11,18,21,24	49:4,5,7,10,17	outcome 4:25	parts 32:24,25
15:8,9,12,21	49:23 50:10,15	63:11	party 4:23
16:1,11,15,20	50:25 51:12	outside 32:22	63:10
16:25 17:9,9	52:1,6,10 53:2	34:14	patience 38:9
17:25 18:5,14	53:2,10,16,21	overall 49:20	patient 7:8,14
18:25 19:8	56:23 57:21,25	oversaw 41:15	18:22 35:21
20:1,11 21:12	58:5,12,20,23	p	36:21 37:8
21:16 22:4,9	58:23 59:17	p 2:1,1	40:22,25 44:9
23:1,9 24:10	60:9	p.m. 1:14 4:3	51:21 56:10
25:1,4,12,21,22	once 18:6	60:23 61:5	58:15 60:8
26:7,9,21 27:2	open 11:2	page 3:3,10	patient's 22:20
27:6,17,23	opine 39:9	10:3,15 12:9	54:18,21 55:2
	opinion 26:3,5	12:18 13:21	56:25
	39:15 43:11		

patients 20:18 pause 39:20,25 55:21 paying 9:7 pdf 11:6 penectomy 59:24 60:5 penile 59:23 penis 57:20 60:8,10 people 13:18 38:3 41:15,19 41:22 42:1,5,8 42:13,14 50:18 58:18,20 percentage 41:21 perform 29:2 performed 28:20,22 31:11 41:6 performs 29:4 person 8:4 25:8 25:9 42:8 44:14,17 45:6 45:9,11 50:6 person's 30:20 phalloplasty 30:16 31:23 phone 50:6 phrase 26:16 physical 21:6 picture 16:8	pinch 10:7 place 4:11 63:5 places 38:4 plaintiff 1:4 2:3 25:6,7 plaintiffs 5:10 16:18 60:18 planning 49:12 plastic 31:10 please 4:4 6:20 7:5 8:2,2 10:14 11:16 12:9 23:14,18 29:12 42:6 43:17 44:4 48:23 51:3 59:9 60:22 point 12:16 popped 35:15 position 19:2 28:17 44:8,19 53:10,17,24 possible 6:24 20:1 34:2 possibly 18:7 practice 17:18 18:1,4 33:20 41:21 practicing 49:21 predict 59:7 predispose 54:22	preparation 35:13 presented 56:16 privilege 8:17 problem 44:2 procedure 21:6 29:5 55:3,7 57:11 58:9 procedures 32:7 57:22 proceed 5:3 proceedings 4:1 63:4,6,9 professional 22:9 43:2 progress 54:16 promise 37:25 prostate 29:8 protected 56:13 provide 28:10 28:13 41:25 47:24 52:18 53:24 60:7 providers 15:2 28:10 31:22 33:17 35:5 47:20 providing 31:8 31:22 psychiatrist 40:10	public 62:17 63:18 64:25 purpose 31:15 purposes 31:23 push 43:20 put 11:21 19:22 22:6 23:7 37:4 q qualified 32:18 33:10 34:11,21 44:25 quality 4:5,6 quest 50:16 question 6:12 6:21 7:6 21:2 21:11,23 22:24 23:21,22,25 24:3,4,9 25:23 25:24 26:6 30:2 33:14 34:5 35:13 36:20 44:13 45:4 48:21 49:9 50:24 52:16 55:23 59:1,1,10 questions 5:25 6:7 7:2,24 8:9 8:18 19:25 27:11 36:14 38:7 54:6,7,12 58:1 60:17,19
--	---	--	---

quick 25:22 37:19 51:10 54:11 58:6 quickly 20:1 32:13 34:2 38:8 48:10 51:13,19 quite 15:20 quote 34:11 52:22 59:4	receive 8:5 received 9:12 47:2 recent 53:7 recently 9:2 recognize 7:14 13:5 recollection 9:1 reconstruction 59:23 reconstructive 55:9 record 4:12 5:2 37:18 50:2,13 51:25 52:2,18 52:20 54:13 60:21 61:4 62:6 63:9 recorded 4:9 4:14 recording 4:6 4:10 records 7:12 8:6 21:22 51:16 52:13 53:7 refer 33:22 40:23 50:20,22 reference 3:10 referred 25:8 58:13 59:3 referring 9:17 27:4 29:17 30:19 31:14	40:21 48:3 57:7 59:21 regarding 18:22 19:3,14 20:3,4 22:19 25:13 26:14,24 32:4 54:19 regional 41:10 related 4:23 55:5 relation 55:17 relationship 19:5,9 relevant 55:19 relieve 55:1 56:25 remain 37:18 remember 28:3 28:5 31:18 57:2,6 remote 4:14 remotely 8:13 rendered 43:10 repair 55:1,7 56:24 repeat 18:8 repeating 18:23 rephrase 52:16 reported 1:24 19:14 20:3 63:7 reporter 4:20 63:3	reporting 64:1 represent 10:1 25:6 38:12 52:1,10,12,19 representing 46:10 requested 61:6 requesting 25:18 require 55:8 research 35:12 35:20 respond 6:7 resulting 56:12 results 56:13 retained 61:2 reviewed 8:6 9:1 reviewing 15:7 16:5,10 richard 2:9 rid 16:9 right 5:15 11:4 11:6 12:24 14:7 17:6 18:22 19:11,12 19:15 20:2,4,7 20:15 21:7,21 22:1 25:4 27:14,15 29:2 31:16 32:12 33:20 35:13,19 35:23,25 36:6 38:24,25 39:12
r			
r 2:1 11:23 reached 46:1 read 14:14,21 15:4,4 16:2,9 16:12,22 34:6 43:25 59:2,5 59:12 62:3 ready 15:6 16:3 16:6 59:23 really 6:3,6 21:1 32:12 36:9,17 37:12 38:15 40:16 48:9 51:19 60:15 reason 6:25 45:6,8 56:8 64:5 recall 27:20 28:8 45:21 57:7			

39:15 40:24 41:3 43:8,13 44:11,21,25 45:10,13,15 48:17 51:7 52:25 59:18,24 60:7,12 ring 14:17 43:3 risks 44:17,20 45:7 robert 13:16 rsaenz 2:10 ruled 56:20 rules 5:25 7:23 rutherford 13:15	54:14,14,17 scenario 22:7 22:11 schedule 60:16 school 51:2,4 scope 18:4 35:22 screen 4:8 9:20 10:5,14 12:2 scroll 13:23 14:15 scrolling 12:20 14:24 second 16:16 16:16 25:22 39:20 42:6 51:10 55:22 60:12 see 9:23,23 10:5,6,8,17 12:4,5,7,13,21 12:25 13:4,25 14:1,2 15:1,15 15:21 19:19 21:13,16 22:1 22:3 32:17 38:21 41:23 47:10,14,20,23 48:1 52:18 seeing 14:9 22:1 39:2 53:23 seek 36:5,7	seen 4:8 14:5,8 14:13,19 51:25 52:7 53:14,19 53:22 self 19:6,10,14 20:3 54:20 send 7:19 11:5 sense 6:9,10 8:14,22 24:24 25:10 45:16 sent 7:17,18,20 sentence 16:16 19:22 32:15 separate 59:16 service 25:20 26:4,19 28:10 31:8 40:14 60:6 services 32:4 32:20 33:8 34:12,22,24 35:5 36:11,19 36:24 38:18 39:10 set 63:5,13 setting 32:22 34:14 seven 8:7 10:3 27:21 28:2 35:15,17 40:20 53:15,20,22,23 shake 6:14 shaped 58:14	share 9:21 10:5 12:2 sheet 62:5 64:1 shocked 15:17 shorthand 63:2 show 52:11 sic 54:19 55:17 side 57:15 signature 61:6 63:16 significance 42:12 simer 20:12 22:4 simerville 1:11 2:18 3:2 4:15 5:4,8 7:22 10:1 10:6,16 11:15 12:13 13:24 15:1 18:10 20:12 22:5,18 23:10 24:12 28:16 31:13 32:18 33:25 34:10 36:12,22 37:25 38:10 39:7 40:1 42:9 45:5 47:22 49:15 50:16 52:17 54:3,18 58:5 59:6 60:14,25 62:10 64:3,21
s			
s 2:1 11:23 64:5 saenz 2:9 sandra 1:24 4:21 63:2,17 saw 25:15 35:16,20 37:8 51:20 52:3 saying 22:1,3 24:1 26:2 35:4 46:2 59:20 says 13:1,25 15:2 16:16 22:15 32:17 34:18 38:23 47:14,20,23 48:15 52:2,20			

sincerity 42:10 situation 10:10 54:18 skerr 2:6 slit 57:15 solutions 4:22 somebody 45:25 46:7,9 someone's 44:12 sonja 2:6 soon 6:23 sooner 18:9 sorry 11:25 16:6 23:23 28:24 32:1 37:15 46:14 sort 10:25 20:15 54:15 58:13 59:22 sorts 30:17 sounds 15:25 26:1,2 29:12 35:3 44:13 south 1:17 speak 7:25 48:20 speaking 55:14 special 43:7 specialist 38:21 39:1 40:24 49:19 55:9 specialization 41:18,20	specialized 41:2 specializes 45:10 specialty 52:25 specifically 29:17 speculate 7:25 spend 35:24 sphincters 54:23 55:18 56:9 59:3 spoken 13:18 staff 41:12 stand 60:22 standing 43:1 standpoint 52:22 start 25:22 state 63:18 stated 5:1 56:1 statement 32:23,24 34:8 34:9,10,16,17 35:8 37:10 38:23 53:1 statements 20:4 62:7 states 1:1 4:17 stay 37:20 stenographic 5:2 stenographic... 63:7	street 2:4,13,19 strike 52:15,15 su 41:10 subscribe 62:6 subscribed 62:12 64:22 succeed 57:22 57:23 suite 2:13,19 summary 5:24 summoned 46:23 summons 46:1 47:2,4 super 23:11 suppose 30:14 sure 8:1,23 12:15 19:1,17 20:9,17,21 22:12,25 29:11 39:25 44:20 50:1,13 51:24 53:3 56:2 surgeon 31:9 31:10 40:11 45:9 surgeries 45:14 surgery 25:18 26:19,22 27:3 27:24 29:16 30:2,12,24 31:2 32:21 33:1,9 34:13 34:25 35:7,22	36:20,23,25 38:19 39:11 40:12 41:6,10 41:15 44:7,10 45:8,12 58:11 59:14 surprise 15:15 17:21,23 28:21 surprised 15:21 17:17 surprising 15:25 survey 35:11 sworn 5:3,5 62:12 63:5 64:22 symptoms 18:18 19:14 20:3 55:2 57:1 57:3
			t
			tabularizing 57:18 take 4:11 6:22 14:11,14 15:19 20:19 25:21 37:11,16,19,22 37:24 40:11 46:25 taken 1:16 5:17 5:18 6:1 27:5 63:4,10

takes 33:17 40:7,9,13 talk 8:11 15:6 16:4,7 30:10 30:11 37:23 38:15 46:6 talked 40:21 49:18 talking 14:6 16:21 17:3,4,5 25:9 30:20,22 30:23 38:17 39:23 49:4,5 57:3 58:9 59:19 talks 55:16 team 33:17,22 40:7,9,13 teams 46:12,15 tell 6:2 24:8 27:18 33:15,16 36:23 49:1 57:8 63:6 telling 26:21 term 15:10 27:6 30:1 terms 44:16 terrific 26:9 27:2 test 51:14 testicles 27:5 testified 5:5,21 51:15	testify 17:18 27:11 28:19 32:19 33:6,11 34:11,21 46:21 49:2 testimony 29:11 45:2 47:25 49:12 60:24 text 12:17 21:14 50:5 thank 43:23 47:18,21 54:3 58:2 60:15 thanks 13:23 thing 6:15,18 11:3 15:18 19:1 20:22,25 35:24 37:2 46:5 47:16 things 7:23 22:17 23:12 30:17 think 7:16,18 9:22 15:24 18:23 19:16,23 25:1 27:22 29:22 30:8,23 31:6 33:2,3,4 33:16,23 34:18 38:3 40:8 46:16,18 47:4 53:2 54:2 56:17	throw 20:16 thursday 4:3 time 1:14 4:2 9:8 14:6 16:24 19:20 25:19 35:24 39:2 43:4 51:25 52:3,8 60:16 60:23 63:4,10 tip 57:20 today 7:3 9:5,8 9:10 today's 60:24 told 26:18 29:15 31:1 33:12 39:16 42:25 48:5,22 50:7,9 top 10:14 12:8 12:10 43:22 47:13 total 61:1 totally 31:13,21 35:10 37:17 40:19 touch 29:25 tract 54:22 56:12 training 43:7 51:6 transcribed 63:8 transcript 62:3 62:6	transcription 63:8 transgender 43:2 treat 21:7 29:8 32:5,21 33:9 34:13,23,25 35:6 36:19,25 38:19 40:9,25 41:6 treated 7:8 treating 16:23 36:15 39:11 41:19,22 treatment 16:17 20:15 22:21 29:18 31:16 35:23 42:1 trial 6:4 33:11 47:2 48:3 49:2 trouble 10:21 true 32:23,24 34:8,16,18 35:8,9 52:23 53:1 63:9 truth 6:2,2,3 24:15,15,16,17 24:17,18,20,20 24:21 40:2,3,3 63:6 truthfully 7:3 try 19:24 46:5 46:21 55:11
---	--	--	--

trying 10:19 23:11 24:25 tumors 29:3 twenty 49:22 two 11:19,20 50:18 54:23 typical 58:14	58:15 urethral 57:17 urinary 54:22 56:12 urine 25:17 56:11 urologic 52:22 urologist 22:16 urologists 18:3 22:8,17 31:7,9 urology 3:13 13:25 14:3 15:2 17:15,19 18:1 28:11 29:1 31:4 47:21 49:21 52:25 54:19 use 27:19 used 29:7 30:1 52:21 uti 54:19 55:16 56:17 utis 56:15	video 1:10 4:10 4:14 videoconfere... 1:10,16 videographer 2:23 4:2,20 43:18,19 44:2 60:20,21 view 48:13 virtually 4:5 vocabulary 27:19 vs 1:6	38:6,10 39:24 44:3,5 45:3,5 47:18,22 49:10 49:11 50:10 54:5 55:20 57:5,12 58:5 60:1,3,14 wall 2:4 want 19:17 20:9 22:6 26:16 29:10,13 31:18 36:9 37:12,13,16,22 50:1 56:2 wanted 27:5,18 31:19 wants 23:21 24:4,5 warmth 42:9 way 16:8 22:15 26:11 27:9 30:19 46:21 50:17 we've 9:17 19:16 25:1,2 29:23 38:1,2 42:20 welcome 14:16 37:20 58:3 whereof 63:13 wilkson 2:21 9:20 10:4,18 10:23 11:12 12:1 39:22
u	u	w	
u.s. 13:1 uh 13:8,11 unclear 21:10 under 53:21 underlined 9:15 understand 6:22 7:6 19:23 28:25 29:11 35:3 40:1,5 44:15,20 understanding 19:5,9 44:17 50:15 53:21 understands 19:2 56:2 underwear 56:11 unit 4:13 united 1:1 4:17 units 61:1 unquote 34:15 unsure 14:8 urethra 56:14 57:16,19 58:13	v 11:23 64:2 vaginoplasty 30:13 31:23 ventral 57:15 venture 39:9 veritext 4:21 61:2 64:1 versus 4:16 20:25 42:18	wagner 26:22 wagoner 1:4 4:15 7:15 13:7 17:1 25:7,13 25:25 26:13,24 27:17 29:15 31:1 40:21 51:21 53:5,12 59:13 60:9 64:2 wait 23:5,5,5 walker 2:8 3:4 3:6 5:7,9 9:25 10:9,16,20 11:4,14,15 12:6,12,19,21 12:22,25 13:22 13:24 14:23,25 23:23 24:10,12	

47:15 49:8 50:8 witness 4:8 5:2 6:16 9:16,22 10:7,11 11:1 12:5,7 15:10 15:16,22,23 23:24 43:25 48:6 55:21 58:3 63:5,13 witnesses 47:24 witnesses' 64:3 woodworth 1:17 word 40:15 words 21:16 34:7 works 27:10 world 43:1 worried 56:18 wpath 42:23 43:7,13,14 written 38:13 38:14 wrong 50:19 wrote 8:7 40:8 52:24	yeah 8:16 10:8 11:1,12 14:3,5 15:25 17:13,23 21:12 24:25 25:11 33:19 38:6 40:18,25 44:24 46:23 47:18 48:2,9 50:9 54:10 56:8 59:17 years 8:7 27:21 28:2 29:7 35:15,17 40:20 49:22 51:1 53:15,20,22,23 yep 19:18 york 2:5,5 64:1
	z
y	zoom 1:16
yahoo.com 11:23 yahoo.con. 11:18	

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

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THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS

COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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